

MONTHLY VILLAGE HEALTH NUTRITION DAY



GUIDELINES FOR AWWs/ASHAs/ANMs/PRIs

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PREFACE

The NRHM guarantees better health outcomes for millions of people in rural areas, especially those belonging to marginalized and vulnerable communities. The VHND promises to be an effective platform for providing first-contact primary health care.

Quite often, programme managers, service providers, community-based organizations, and PRI representatives do not share a common understanding about the activities to be undertaken and how these are to be operationalised while organizing the VHND. This manual provides information about organizing the VHND in a simple and lucid manner.

It is hoped that this manual will serve the needs of all concerned, including medical officers, ANMs, MPWs, and ASHAs. A clear understanding of the relevant procedures and operations will lead to the effective organization of the VHND, which is an important tool under NRHM for the convergence of all activities. I take this opportunity to thank the Maternal Health Division (GOI) and United Nations Population Fund (UNFPA) for providing technical support in preparation of this document.

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ABBREVIATIONS

AD	Auto Disposable
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi centre
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BCC	Behaviour Change Communication
BF	Blood Film
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis and Tetanus
ECP	Emergency Contraception Pills
ENBC	Essential Newborn Care
GOI	Government of India
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IFA	Iron Folic Acid
JSY	Janani Suraksha Yojna
LHV	Lady Health Visitor
MCH	Mother and Child Health
MO	Medical Officer

MP	Malarial Parasite
MPW	Multi Purpose Worker
MTP	Medical Termination of Pregnancy
NRHM	National Rural Health Mission
OCP	Oral Contraceptive Pills
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
PHC	Primary Health Centre
PPTCT	Prevention of Parent-to-Child Transmission
PRI	Panchayati Raj Institution
RCH II	Reproductive and Child Health Programme-Phase II
RMP	Rural/Registered Medical Practitioner
RTI	Reproductive Tract Infections
SC	Scheduled Castes
ST	Scheduled Tribes
STI	Sexual Tract Infections
TB	Tuberculosis
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
VCTC	Voluntary Counselling and Testing Centre
VHND	Village Health Nutrition Day
VHSC	Village Health and Sanitation Committee
VVM	Vaccine Vial Monitor

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INTRODUCTION

The VHND is to be organized once every month (preferably on Wednesdays, and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This will ensure uniformity in organizing the VHND. The AWC is identified as the hub for service provision in the RCH-II, NRHM, and also as a platform for inter-sectoral convergence. VHND is also to be seen as a platform for interfacing between the community and the health system.

Keeping in view the significance of holding the VHND, the important steps that need to be taken while organizing the event have been put together in this manual. The roles of the ANM, ASHA and AWW should be well defined. The quality of the VHND needs to be improved, and hence the outcomes should be measured and monitored.

This document will help AWWs, ASHAs and PRI members to understand their respective roles in providing their services effectively to the community during the monthly VHND and will also help in educating them on matters related to health. VHND if organized regularly and effectively can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes.

Programme managers at district/block level should ensure availability of necessary supplies and expendables in adequate quantities during the VHNDs. Similarly, supportive supervision by Programme Managers at different levels will result in improved quality of services.

2 WHY ORGANIZE A MONTHLY HEALTH NUTRITION DAY IN EVERY VILLAGE

On the appointed day, ASHAs, AWWs, and others will mobilize the villagers, especially women and children, to assemble at the nearest AWC. The ANM and other health personnel should be present on time; otherwise the villagers will be reluctant to attend the following monthly VHND. On the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities. Since the VHND will be held at a site very close to their habitation, the villagers will not have to spend money or time on travel. Health services will be provided at their doorstep. The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing the event, can bring about dramatic changes in the way that people perceive health and health care practices.

A) SERVICES TO BE PROVIDED:

- All pregnant women are to be registered.
- Registered pregnant women are to be given ANC.
- Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.

- All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases.
- All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated.
- Vitamin A solution is to be administered, to children.
- All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition.
- Anti-TB drugs are to be given to patients of TB.
- All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services.
- Supplementary nutrition is to be provided to underweight children.

B) ISSUES TO BE DISCUSSED WITH THE COMMUNITY:

- Danger signs during pregnancy
- Importance of institutional delivery and where to go for delivery
- Importance of seeking post-natal care
- Counselling on ENBC
- Registration for the JSY
- Counselling for better nutrition
- Exclusive Breastfeeding
- Weaning and complementary feeding
- Care during diarrhoea and home management
- Care during acute respiratory infections
- Prevention of malaria, TB, and other communicable diseases
- Prevention of HIV/AIDS
- Prevention of STIs
- Importance of safe drinking water

- Personal hygiene
- Household sanitation
- Education of children
- Dangers of sex selection
- Age at marriage
- Information on RTIs, STIs, HIV and AIDS
- Disease outbreak
- Disaster management

C) IDENTIFICATION OF CASES THAT NEED SPECIAL ATTENTION:

- Identify children with disabilities.
- Identify children with Grade III and Grade IV malnutrition for referral
- Identify severe cases of anaemia.
- Identify pregnant women who need hospitalization.
- Identify cases of malaria, TB, leprosy, and Kala Azar.
- Identify problems of the old and the destitute.
- Pay special attention to the SC, ST, the minorities, and the weaker sections of society.

D) COLLECTION OF DATA:

- Compile data on the number of children with special needs, particularly girl children with disabilities.
- Report outbreaks of disease.
- Report/audit deaths of children and women.
- Compile data pertaining to the SCs, the STs, the minorities, and weaker sections of society that need services.

CHECKLISTS

It would be useful to have checklists for ASHAs, AWWs, and ANMs to ensure that all the activities for which they are responsible are planned properly and carried out effectively, step by step. The following checklists are to be used by these workers for organizing the VHND.

ASHA

Actions to be taken before the Village Health and Nutrition Day:

- Visit all households and get to know all the families. Make it a point to visit all poor households, especially SC/ST families.
- Make a list of pregnant women.
- Make a list of women who need to come for ANC for first time or for repeat visits.
- Make a list of infants who need immunization, were left out or dropped-out.
- Make a list of children who need care for malnutrition.
- Make a list of children who were missed during the pulse polio round.
- Make a list of children with special needs, particularly girl children.
- Make a list of TB patients who need anti-TB drugs.
- Coordinate with the AWW and the ANM.

On the day:

- Ensure that all listed women come for services.
- Ensure that all listed children come for services.

- Ensure that malnourished children come for consultation with the ANM.
- Ensure supplementary nutrition to children with special needs.
- Ensure that all listed TB patients collect their drugs.
- Assist the ANM and the AWW.

AWW

- Ensure that the AWC is clean.
- Ensure availability of clean drinking water during the VHND.
- Ensure a place with privacy at the AWC for ANC.
- Keep an adequate number of MCH cards.
- Coordinate activities with the ASHA and the ANM.

ANM

- Ensure that the VHND is held without fail. Make alternative arrangements in case the ANM is on leave.
- Ensure that the supply of vaccines reaches the site well before the day's activities begin.
- Ensure that all instruments, drugs, and other materials as listed in the annexure are in place.
- Carry communication materials.
- Ensure that adequate money is available for disbursement to the ASHA.
- Ensure reporting of the VHND to the MO in charge of the PHC.
- Coordinate with the ASHA and the AWW.

PRIs

- Ensure that the members of the VHSC are available to support the sessions.
- Ensure participation of schoolteachers and PRI members.
- Ensure availability of clean drinking water, proper sanitation, and convenient approach to the AWC for participating in the VHND by all.

4 SERVICE PACKAGE FOR THE VILLAGE HEALTH NUTRITION DAY

MATERNAL HEALTH

- Early registration of pregnancies.
- Focused ANC.
- Referral for women with signs of complications during pregnancy and those needing emergency care.
- Referral for safe abortion to approved MTP centres.
- Counselling on:
 - Education of girls.
 - Age at marriage.
 - Care during pregnancy.
 - Danger signs during pregnancy.
 - Birth preparedness.
 - Importance of nutrition.
 - Institutional delivery.
 - Identification of referral transport.
 - Availability of funds under the JSY for referral transport.
 - Post-natal care.
 - Breastfeeding and complementary feeding.
 - Care of a newborn.
 - Contraception.

- Organizing group discussions on maternal deaths, if any, that have occurred during the previous month in order to identify and analyse the possible causes.

CHILD HEALTH

Infants up to 1 year:

- Registration of new births.
- Counselling for care of newborns and feeding.
- Complete routine immunization.
- Immunization for dropout children.
- First dose of Vitamin A along with measles vaccine.
- Weighing.

Children aged 1-3 years:

- Booster dose of DPT/OPV.
- Second to fifth dose of Vitamin A.
- Tablet IFA - (small) to children with clinical anaemia.
- Weighing.
- Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition.

All children below 5 years:

- Tracking and vaccination of missed children by ASHA and AWW.
- Case management of those suffering from diarrhoea and Acute Respiratory Infections.
- Counselling to all mothers on home management and where to go in even of complications.
- Organizing ORS depots at the session site.
- Counselling on nutrition supplementation and balanced diet.
- Counselling on and management of worm infestations.

FAMILY PLANNING

- Information on use of contraceptives.
- Distribution - provision of contraceptive counseling and provision of non-clinic contraceptives such as condoms and OCPs.
- Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

REPRODUCTIVE TRACT INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS

- Counselling on prevention of RTIs and STIs, including HIV/AIDS, and referral of cases for diagnosis and treatment.
- Counselling for perimenopausal and post-menopausal problems
- Communication on causation, transmission, and prevention of HIV/AIDS and distribution of condoms for dual protection.
- Referral for VCTC and PPTCT services to the appropriate institutions.

SANITATION

- Identification of households for the construction of sanitary latrines
- Guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under the Total Sanitation Campaign.
- Avoidance of breeding sites for mosquitoes.
- Mobilization of community action for safe disposal of household refuse and garbage.

COMMUNICABLE DISEASES

- Group communication activities for raising awareness about signs and symptoms of leprosy, suspected cases, and referrals.
- Group communication activities for elimination of breeding sites for mosquitoes, management of fever cases, i.e. importance of collection of blood film for MP and presumptive treatment.

- Awareness generation about symptoms of TB (coughing for more than three weeks), importance of continued treatment, referral of symptomatics for sputum examination at the nearest health centre.
- Provision of anti-TB drugs to patients.
- Reporting of unusual numbers of cases of any disease or disease outbreak in village.

GENDER

- Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection, and special alert for one-daughter families.
- Communication on the Prevention of Violence against Women, Domestic Violence Act, 2006.
- Age at marriage, especially the importance of raising the age at marriage for girls.

AYUSH

- Home remedies for common ailments based on certain common herbs and medicinal plants like tulsi found in the locality.
- Information related to other AYUSH components, including drugs for treating conditions like anaemia.

HEALTH PROMOTION

Chronic diseases can be prevented by providing information and counseling on:

- Tobacco chewing
- Healthy lifestyle
- Proper diet
- Proper exercise

NUTRITION

Diseases due to nutritional deficiencies can be prevented by giving information and counseling on:

- Healthy food habits.
- Hygienic and correct cooking practices.
- Checking for anaemia, especially in adolescent girls and pregnant women; checking, advising, and referring.
- Weighing of infants and children.
- Importance of iron supplements, vitamins, and micronutrients
- Food that can be grown locally.
- Focus on adolescent pregnant women and infants aged 6 months to 2 years.

Please see the following annexures for more details:

Annexure 1: Requirements for Organizing VHND

Annexure 2: Publicity for VHND

Annexure 3: Supervisory Arrangements

Annexure 4: Supervisory Checklist

Annexure 5: Outcomes

REQUIREMENTS FOR ORGANIZING VHND

WHO ARE NEEDED

- ASHA
- AWW
- PRI member
- Helper of AWW
- Staff to come from outside the village:
 - ANMs
 - Male MPW (if available)
 - ASHA facilitators (if available)

INSTRUMENTS, EQUIPMENT, AND FURNITURE

- Weighing scale-adult, child
- Examination table
- Bed screen/curtain
- Haemoglobin metres, kits for urine examination
- Gloves
- Slides
- Stethoscope and blood pressure instrument
- Measuring tape
- Foetoscope
- Vaccine carrier with ice packs

If these items are not available, their provision could be arranged by using the untied fund of Rs 10,000/- available with the ANM or with the VHSC. These items should be kept under the safe custody of the ANM/ AWW/ ASHA as the case may be.

SUPPLIES

- Supplies such as vaccines, IFA tablets, Vitamin A, condoms, OCPs, (ECPs), ORS, and Cotrimoxazole
- Anti-helminthic drug
- Chloroquin
- Anti-TB drugs
- Paracetamol
- Stains for fixing BF
- AD syringes in sufficient quantity
- IEC material for communication and counseling

PUBLICITY FOR VHND

PUBLICITY

- Day and time
- Site
- Key services

KEY COMMUNICATION OBJECTIVE

To make the community, especially women from vulnerable sections and other stakeholders in the community, aware of service availability right in the village on fixed days at AWC.

WHOM TO INVOLVE

- PRI members
- SHG members
- Teachers and other informal leaders
- Schoolchildren
- All beneficiaries
- TBAs and other RMPs

MEDIA AND METHODS

- Wall writings in the local language
- Hoardings at one or two prominent places in the village
- Handbills and pamphlets

Resources for publicity activities can be accessed through the untied funds available with the VHSC or through the sub-centre joint fund.

SUPERVISORY ARRANGEMENTS

SUPERVISION AND MONITORING

The proper organization of the VHND is the most crucial component of NRHM for guaranteeing service provision at the village level. Hence, at all programme meetings at the state, district, and block levels, one should ensure the review of the VHND and the problems encountered should be addressed promptly and effectively. Each district and block should maintain a record of the number of VHNDs planned and the number actually held. The quality of the services offered and available during the VHND will depend on the quality of the supervision and leadership. The LHV and the AWW Supervisor should jointly visit the pre-identified centres as per the roster and submit their joint report, which will be discussed at the monthly meeting convened by the MO in charge of the PHC.

During the supervisory visits, special attention should be given to the following elements:

1. Women and children from vulnerable communities should come forward to seek services.
2. ASHA should be available at the session site and should be engaged in the tracking of women and children, especially those from vulnerable communities, for complete coverage.
3. All resources (human resources and materials) should be in place.
4. The quality of the services available should be satisfactory.
5. Issues related to the clients' satisfaction with the services should be addressed properly and promptly.
6. BCC methods should be employed.

The holding of the VHND should be discussed at the monthly meetings convened by the MOs at the PHC level at the executive committee meetings of the District Health Society, of which the District CMO is the convener. The DPMUs will monitor it, and will also compile data on it.

SUPERVISORY CHECKLIST

SUPERVISORY CHECKLIST

(to be used by the different cadres of supervisors during visits to the VHND sites)

1. General information: Session site, availability of staff, timings displayed
2. Cold chain: Vaccine carrier with ice packs, VVM's status on vaccine vials
3. Availability of essential supplies in adequate quantities
4. Procedure of vaccination, especially injection safety
5. Availability of communication and counselling materials
6. Record review for
 - a. Women and children from vulnerable communities
 - b. Immunization for children scheduled to arrive
 - c. Follow-up activities for ANC
 - d. Blood films collected for MP
7. Disposal of AD syringes
8. Client satisfaction: Exit interviews with some clients about the dates of repeat visits for immunization, birth preparedness, and the institution identified for delivery
9. Disbursement of incentives to ASHA for mobilizing clients to get immunization

OUTCOMES

OUTCOMES

The organization of the Village Health and Nutrition Day on a regular basis as per the guidelines will result in the achievement of the following outcomes:

- Hundred per cent coverage with preventive and promotive interventions, especially for pregnant women, children, and adolescents
- Preventive and promotive coverage for the National Disease Control Programmes
- Increased awareness about the determinants of health such as nutrition, sanitation, timely care, etc.
- Improved knowledge about the services offered under the various Nutritional Health Programmes
- Greater emphasis on the community's role in making the health system responsive to the health needs of the community and in demanding and ensuring accountability





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